**City of Casper - Group #70024**

Premier Plan (Off Exchange)

Summary of Benefits

(Please refer to the handbook for more detailed benefits)



|  |  |  |
| --- | --- | --- |
| **Covered Services** | **Benefit Waiting Period** | **% Paid by DDWY** |
| Preventive and Diagnostic (Type I)   * Oral Exams twice per calendar year * Prophylaxis twice per calendar year * Bitewing x-rays twice per calendar year * Full mouth x-rays once every 36 months * Fluoride once every 12 months (to age 19) * Space maintainers (to age 19) * Sealants on posterior permanent teeth once every 3 years (to age 19) | None | 100%  Not subject to deductible |
| Basic (Type II)   * Emergency treatment for relief of pain * Extractions & other oral surgery * Preformed crowns, amalgam and synthetic restorations * Pulpal & root canal filling * Treatment of diseases of the tissues supporting the teeth | None | 80% |
| Major (Type III)   * Crowns * Prosthetics (bridges, partial dentures and complete dentures) * Dental implants | None | 60% |
| Orthodontics (Type IV)   * For dependent children (to age 19) | None | 60% |

The Effective Date of this Policy is the first of the month following one (1) month of your full-time employment.

**DEDUCTIBLE LIMITATIONS**

Individual Deductible $50

Family Deductible $150

**ANNUAL MAXIMUM BENEFIT**

Plan Year January - December

Yearly Maximum (per person) $1,500

**ORTHODONTIA LIFETIME MAXIMUM** $1,500

**WAITING PERIOD**

Preventive & Diagnostic Services (Type I) None

Basic Services (Type II) None

Major Services (Type III) None

Ortho Services (Type IV) None

**DEPENDENT ELIGIBILITY** End of the month age 26 is attained